

1253

**Please Note: Document(s)
Repeated Intentionally**

THIS RETURN SHOULD BE MADE BY THE PERSON WHO MADE THE ORIGINAL.
 IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH CHILD.
 THIS CERTIFICATE MUST BE FILED WITHIN 5 DAYS AFTER BIRTH.

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**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

R. A. WATKINS PRINTING CO., PHOENIX

This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH County Register No.*

Place of Birth Prescott Ariz 324 No. So. Mt Vernon St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number* in order of birth
Female			

DATE OF BIRTH* Feb 20 1912
(Month) (Day) (Year)

FATHER* Mr. & Le Roy M. Clave
MOTHER Margaret Ann Clave

I HEREBY CERTIFY that the child described herein has been named

Margaret Ann M. Clave
(Give name in full) (Surname)

(Signature) J. Louis Lworch
Prescott Ariz
(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Supplemental reports of birth may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

445-220-413